

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	DMK	19169	8/10/80
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ Rejected  
 " Allowed  
 - (Through numeral)... Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Final	Original	Date
1	✓	✓	7/1/83
2	✓	✓	7/1/83
3	✓	✓	7/1/83
4	✓	✓	7/1/83
5	✓	✓	7/1/83
6	✓	✓	7/1/83
7	✓	✓	7/1/83
8	✓	✓	7/1/83
9	✓	✓	7/1/83
10	✓	✓	7/1/83
11	✓	✓	7/1/83
12	✓	✓	7/1/83
13	✓	✓	7/1/83
14	✓	✓	7/1/83
15	✓	✓	7/1/83
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28	✓	✓	7/1/83
29	✓	✓	7/1/83
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31	✓	✓	7/1/83
32	✓	✓	7/1/83
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42	✓	✓	7/1/83
43	✓	✓	7/1/83
44	✓	✓	7/1/83
45	✓	✓	7/1/83
46	✓	✓	7/1/83
47	✓	✓	7/1/83
48	✓	✓	7/1/83
49	✓	✓	7/1/83
50	✓	✓	7/1/83

Claim	Final	Original	Date
51	✓	✓	7/1/83
52	✓	✓	7/1/83
53	✓	✓	7/1/83
54	✓	✓	7/1/83
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65	✓	✓	7/1/83
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81	✓	✓	7/1/83
82	✓	✓	7/1/83
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85	✓	✓	7/1/83
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97	✓	✓	7/1/83
98	✓	✓	7/1/83
99	✓	✓	7/1/83
100	✓	✓	7/1/83

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
staple additional sheet here

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